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Substitute for form 1449/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

**(Use as many sheets as necessary)**

Sheet	1	of	2
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**Complete if Known**

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Cristian A. Lopez
Art Unit	
Examiner Name	
Attorney Docket Number	020569-05801

## U. S. PATENT DOCUMENTS

[illegible]

**FOREIGN PATENT DOCUMENTS**

[illegible]

Examiner  
Signature

Date  
Considered

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